MARCH OF DIMES

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Rep James Frank
Chairman
House Committee on Human Services
P.O. Box 2910
Austin, TX 78769

Re: HB 133- SUPPORT

Dear Chairman Frank and Members of the Committee:

The mission of March of Dimes is to lead the fight for the health of all moms and babies. I am writing today in support of HB 133, which seeks to continue to provide comprehensive medical assistance to a woman who is eligible for medical assistance for pregnant women for a period of not less than 12 months following the date the woman delivers or experiences a miscarriage.

Texas Medicaid provides critical health care services for eligible pregnant women, but "pregnancy-related" Medicaid ends 60 days after the mother gives birth. Traditionally, women receive only one postpartum checkup at 4-6 weeks post-delivery. Typically, these routine visits provide a limited array of services, such as a physical exam and contraception counseling. Texas has one of the highest number of uninsured women in the country. While programs like Healthy Texas Women, including the new Healthy Texas Women Plus program, are trying to close that gap, these programs only provide a limited array of women's health services.

In Texas, from the 2013 cohort, 31% of maternal deaths occurred between 43 days to 1 year from the end of pregnancy.[1] Substance use overdose was the leading cause of maternal deaths from 2012-2015, which accounted for 17% of all maternal deaths and almost 80% of these deaths occurred more than 60 days postpartum.[2] The need for postpartum services exists well beyond 60 days and is a critical time to help women who intend to have more children get and stay healthy.

In the United States, women are tragically dying or suffering serious consequences from pregnancy-related causes. Approximately 700 women die each year in the U.S. as a result of pregnancy or pregnancy-related complications.
Pregnancy-related deaths are staggering across the United States, and in Texas the rates are equally high and rising. Despite many countries around the world successfully reducing their maternal mortality

[1] Texas Department of State Health Services. Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. 2020.
[2] Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. 2018.

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rates since the 1990s, the U.S. rate is still higher than most other high-income countries,[3] and the U.S. maternal mortality rate has increased over the last few decades.[4]

A significant racial and ethnic disparity in maternal mortality exists in the U.S., with Black women being three to four times more likely to die from pregnancy-related causes compared to white women.5,6 In Texas, the pregnancy-related mortality rate for Non-Hispanic Black women was 2.3 times higher than the rate for Non-Hispanic White women (13.9 versus 6.0 per 100,000 live births).[7] Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,[8] and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.[9]

Nationally, the U.S. Centers for Disease Control and Prevention (CDC) estimates that up to 60% of these deaths are preventable.[10,11] The Texas Maternal Mortality and Morbidity Review Committee determined that there was at least some chance for preventability in 89 percent of pregnancy-related deaths reviewed from the 2013 case cohort.[12] A 2020 study found that states with Medicaid coverage for all low-income women were shown to have fewer maternal deaths than those states without extended coverage.[13]

For every maternal death, there are about 100 episodes of severe maternal morbidity (SMM) affecting more than 50,000 women in the United States every year.[14] March of Dimes strongly supports policies and programs to prevent severe maternal morbidity and maternal mortality and address the higher rate of maternal mortality among Black women in the U.S. According to the CDC, pregnancy-related deaths are those that occur during pregnancy or within the following year due to pregnancy complications, because of a chain of events initiated by pregnancy, or because of an unrelated condition that was aggravated by pregnancy.[15] Severe maternal morbidity includes unexpected outcomes of labor and delivery that result in significant short or longer term consequences to a woman's health.[16]

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[3] WHO. Trends in Maternal Mortality 1990-2015. Available at: http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[4] CDC. Pregnancy Mortality Surveillance System. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
[5] Creanga AA, Berg CJ, Syverson C, Seed K, Bruce FC, Callaghan WM. Pregnancy-related mortality in the United States, 2006-2010. Obstet Gynecol 2015;125(1):5-12.
[6] Callaghan WM. Overview of maternal mortality in the United States. Semin Perinatol 2012;36(1):2-6.
[7] Texas Department of State Health Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report. 2018.
[8] Faron, Dina. Maternal Health Care is disappearing in rural America. Scientific American, February 15, 2017.
[9] Kozhimannil KB, Thao V, Hung P, Tilden E, Caughey AB, Snowden JM. Association between hospital birth volume and maternal morbidity among low-risk pregnancies in rural, urban, and teaching hospitals in the United States. Am J Perinatol 2016 May;33(6):590-9.
[10] Berg CJ, Harper MA, Atkinson SM, et al. Preventability of pregnancy-related deaths: results of a state-wide review. Obstet Gynecol 2005;106(6):1228-1234.
[11] MMRIA. Report from Nine Maternal Mortality Review Committees. February 2018. Available at: https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths
[12] Texas Department of State Health Services. Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report. 2020.
[13] Eliason, Erica L. Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality Women's Health Issues 30-3 (2020) 147 – 152.
[14] CDC. Severe Maternal Morbidity in the United States. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[15] CDC. Pregnancy Mortality Surveillance System. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
[16] CDC. Severe Maternal Morbidity in the United States. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html

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Causes of maternal deaths include cardiovascular conditions, hypertensive disorders of pregnancy (preeclampsia/ eclampsia), infection, hemorrhage, suicide and drug overdose. Identifying and treating medical conditions before, during and after pregnancy is essential to preventing maternal morbidity and maternal mortality, as part of the continuum of care for all women of childbearing age. This requires a commitment to high-quality clinical care and enhanced maternal quality improvement and safety initiatives in hospitals, particularly those that address disparities, structural barriers to care, differential care experienced by women of color, and provider implicit racial bias.[17]

We urge the committee's support of HB 133 to extend the Medicaid eligibility of certain women after a pregnancy or involuntary miscarriage. March of Dimes looks forward to continuing its work with the Texas Legislature and members of this committee to ensure that Texas women are healthy before, during and after pregnancy.

Sincerely,

Erin Stangland
Director of Maternal and Infant Health Initiatives

[17] Jain JA, Temming LA, D'Alton ME, et al. SMFM Special Report: Putting the "M" back in MFM: Reducing racial and ethnic disparities in maternal morbidity and mortality: A call to action. Am J Obstet Gynecol 2018;218(2):B9-B17.